

2016

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>192</u>
District of <u>Winkelman</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>1008</u>
Town of _____			Local Registrar No. _____
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Ramon Munoz</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>yes</u>	5. Legitimate? <u>yes</u>
7. Date of birth <u>Dec 20 1924</u>		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u> Felix Munoz</u>		Full maiden name <u> Jesus Chidis</u>	
9. Residence (Usual place of abode) <u>Winkelman Ariz</u>		15. Residence (Usual place of abode) <u>Winkelman Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>48</u> (Years)		17. Age at last birthday <u>27</u> (Years)	
12. Birthplace (city or place) <u>Jalisco Mex</u>		18. Birthplace (city or place) <u>Altar Dist Sonora</u>	
(State or country)		(State or country)	
13. Occupation <u>Laborer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>6</u>		(b) Born alive but now dead <u>1</u>	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>yes</u> (Born alive or stillborn.) at <u>6</u> p.m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>Felix Munoz + neighbors</u>		(Physician or midwife)	
Address <u>Winkelman Ariz</u>			
Given name added from a supplemental report _____		Filed <u>Dec 31</u> 19 <u>24</u> <u>W. J. Roberts</u>	
Month, day, year.		Local Registrar.	
Registrar.		Filed <u>1-3</u> 19 <u>25</u> <u>W. J. Roberts</u>	
		County Registrar.	

in order of birth stated.

949-1220-132